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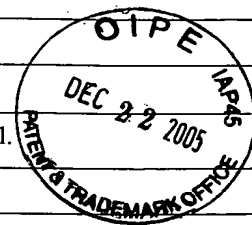
|  |                      |                            |           |
|--|----------------------|----------------------------|-----------|
| <b>TRANSMITTAL FORM</b><br><i>(to be used for all correspondence after initial filing)</i> | Application Number   | 10/627,467                 |           |
|  | Filing Date          | July 25, 2003              |           |
|  | First Named Inventor | Yoshihisa FUNAMOTO, et al. |           |
|  | Group Art Unit       | 2876                       |           |
|  | Examiner Name        | Diane I Lee                |           |
| Total Number of Pages in This Submission   |                      | Attorney Docket Number     | 741440-79 |

| ENCLOSURES <i>(check all that apply)</i>   |  |   |
|--|--|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers <i>(for an Application)</i><br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Declaration and Power of Attorney<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Application Data Sheet<br><input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures<br><input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt<br><input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> |
| Remarks  |  | <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |   |
|--|---|
| Firm<br>or<br>Individual name              | Donald R. Studebaker-Reg. No. 32,815<br>Nixon Peabody LLP<br>401 9 <sup>th</sup> Street, N.W.<br>Suite 900<br>Washington, D.C. 20004-2128 |
| Signature                                  |   |
| Date                                       | December 22, 2005   |

| CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]   |                             |
|--|-----------------------------|
| I hereby certify that this correspondence is being:  |                             |
| <input type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop _____, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 |                             |
| <input type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) _____  |                             |
| _____ Date   | _____ Signature             |
|  | _____ Typed or printed name |

|   |            |                      |                            |
|---|------------|----------------------|----------------------------|
| Effective on 12/08/2004.<br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).<br><br><h2 style="text-align: center;">FEE TRANSMITTAL<br/>FOR FY 2005</h2> |            | Complete if Known    |                            |
|   |            | Application Number   | 10/627,467                 |
|   |            | Filing Date          | July 25, 2003              |
|   |            | First Named Inventor | Yoshihisa FUNAMOTO, et al. |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |            | Confirmation No.     | 3230                       |
| TOTAL AMOUNT OF PAYMENT   | \$1,020.00 | Art Unit             | 2876                       |
|   |            | Attorney Docket No.  | 741440-79                  |



### METHOD OF PAYMENT (check all that apply)

- ☐ Check  
 ☐ Credit Card  
 ☐ Money Order  
 ☐ None  
 ☐ Other (please identify): \_\_\_\_\_
- ☒ Deposit Account  
 Deposit Account Number: 19-2380  
 Deposit Account Name: Nixon Peabody LLP
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below  
 ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  
 ☒ Credit any overpayments

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### FEE CALCULATION

#### 1. BASIC FILING, SEARCH AND EXAMINATION FEES

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   |                |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    |                |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   |                |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     |                |

#### 2. EXCESS CLAIM FEES

| Fee Description   | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent            | 50       | 25                    |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200      | 100                   |
| Multiple document claims  | 360      | 180                   |

| Total Claims   | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims |
|--|--------------|----------|---------------|---------------------------|
| _____ - 20 or HP = _____ x _____ = _____                         |              |          |               | Fee (\$)                  |
| HP = highest number of total claims paid for, if greater than 20 |              |          |               | Fee Paid (\$)             |

| Indep. Claims   | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---|--------------|----------|---------------|
| _____ - 3 or HP = _____ x _____ = _____                               |              |          |               |
| HP = highest number of independent claims paid for, if greater than 3 |              |          |               |

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets  | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|---|--------------|--|----------|---------------|
| _____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____ |              |  |          |               |

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

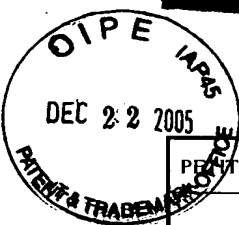
Other: Three months of Time

**\$1,020.00**

#### SUBMITTED BY

|                   |                      |   |                          |
|-------------------|----------------------|---|--------------------------|
| Signature         |                      | Registration No. 32,815<br>(Attorney/Agent) | Telephone (202) 585-8000 |
| Name (Print/Type) | Donald R. Studebaker | Date  | December 22, 2005        |

SEND TO: Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450



|  |  |                                       |
|--|--|---------------------------------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)   |  | Docket Number (Optional)<br>741440-79 |
| CERTIFICATE OF MAILING OR TRANSMISSION<br>[37 CFR 1.8(a)]<br><br>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.<br><br>Signature: _____<br>Name: _____ | In re Application of Yoshihisa FUNAMOTO, et al.  |                                       |
|  | Application Number<br>10/627,467   | Filed July 25, 2003                   |
|  | For IDENTIFICATION BARCODE ASSIGNING METHOD, IDENTITY VERIFYING METHOD, IDENTIFICATION BARCODE ASSIGNING DEVICE, IDENTITY VERIFYING DEVICE, AND PORTABLE TERMINAL DEVICE |                                       |
|  | Group Art Unit 2876  | Examiner Diane I Lee                  |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate entity fee are as follows (check time period desired):

- |   |                    |
|---|--------------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)                 | \$ _____           |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)               | \$ _____           |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020) | \$ <u>1,020.00</u> |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)             | \$ _____           |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)            | \$ _____           |
- ☐ Applicant claims small entity status.
- ☐ A check to cover the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 19-2380.  
I have enclosed a duplicate copy of this sheet.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

- I am the ☐ applicant/inventor
- ☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ attorney or agent of record.
- ☒ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a) 32,815.

Donald R. Studebaker  
Signature  
Donald R. Studebaker  
Typed or printed name

December 22, 2005  
Date  
(202) 585-8000  
Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

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